

002082050200

**THIS IS NOT A BILL**

UniCare Health Plan of West Virginia, Inc.
Member Explanation of Benefits

PATIENT NAME: SAMUEL MANRIQUEZ**PATIENT #: 00603827279**

| Claim Number | Service Number | Dates of Service | Paid to Provider | What You May Need to Pay | Procedure Description | Explanation Code(s) |
|--------------------------|----------------|----------------------|------------------|--------------------------|-----------------------|---------------------|
| 2021083131004 | 0001 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Radiology | 153 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0002 | 02/17/21 to 02/17/21 | \$19.64 | \$0.00 | Radiology | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0003 | 02/17/21 to 02/17/21 | \$25.25 | \$0.00 | Radiology | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0004 | 02/17/21 to 02/17/21 | \$46.74 | \$0.00 | Ct Scan | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0005 | 02/17/21 to 02/17/21 | \$61.97 | \$0.00 | Ct Scan | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0006 | 02/17/21 to 02/17/21 | \$86.01 | \$0.00 | Ct Scan | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0007 | 02/17/21 to 02/17/21 | \$67.84 | \$0.00 | Ct Scan | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |

UWW-EOB-0010-19



| Claim Number | Service Number | Dates of Service | Paid to Provider | What You May Need to Pay | Procedure Description | Explanation Code(s) |
|--------------------------|----------------|----------------------|------------------|--------------------------|-----------------------|---------------------|
| 2021083131004 | 0008 | 02/17/21 to 02/17/21 | \$151.71 | \$0.00 | Ct Scan | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0009 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Emergency Room | ABF |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0010 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Emergency Room | ABF |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0011 | 02/17/21 to 02/17/21 | \$191.80 | \$0.00 | Emergency Room | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0012 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Drugs | AAV |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0013 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Drugs | AAV |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0014 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Drugs | AKJ |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0015 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Drugs | AKJ |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| Totals | | | \$650.96 | \$0.00 | | |

Explanation Code Description:

AKJ - NDC's must only be billed for codes included in the rebate program.

AAV - One or more of the fields related to the National Drug Code (NDC) number, units or quantity is missing, incomplete, invalid, mismatched, or deactivated.

003177050200



A Anthem Company

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UniCare Health Plan of West Virginia, Inc.
Member Explanation of Benefits

PATIENT NAME: SAMUEL MANRIQUEZ
PATIENT #: 00603827279

| Claim Number | Service Number | Dates of Service | Paid to Provider | What You May Need to Pay | Procedure Description | Explanation Code(s) |
|--------------------------|----------------|----------------------|------------------|--------------------------|-----------------------|---------------------|
| 2021083131004 | 0001 | 02/17/21 to 02/17/21 | \$22.04 | \$0.00 | Radiology-Extremity | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0002 | 02/17/21 to 02/17/21 | \$19.64 | \$0.00 | Radiology-Extremity | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0003 | 02/17/21 to 02/17/21 | \$25.25 | \$0.00 | Radiology-Extremity | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0004 | 02/17/21 to 02/17/21 | \$46.74 | \$0.00 | Ct Scan-Head/Neck | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0005 | 02/17/21 to 02/17/21 | \$61.97 | \$0.00 | Ct Scan-Head/Neck | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0006 | 02/17/21 to 02/17/21 | \$86.01 | \$0.00 | Ct Scan-Chest | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0007 | 02/17/21 to 02/17/21 | \$67.84 | \$0.00 | Ct Scan-Spine | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |

UWV-EOB-0010-19

| Claim Number | Service Number | Dates of Service | Paid to Provider | What You May Need to Pay | Procedure Description | Explanation Code(s) |
|--------------------------|----------------|----------------------|------------------|--------------------------|-----------------------|---------------------|
| Provider Name | | | | | | |
| 2021083131004 | 0008 | 02/17/21 to 02/17/21 | \$151.71 | \$0.00 | Medical_Care | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0009 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Injection/Infusion | ABF |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0010 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Injection/Infusion | ABF |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0011 | 02/17/21 to 02/17/21 | \$191.80 | \$0.00 | Emergency Service | 175 |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0012 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Drug Non-Oral Admin | AAV |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0013 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Drug Non-Oral Admin | AAV |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0014 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Contrast Material | AKJ |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| 2021083131004 | 0015 | 02/17/21 to 02/17/21 | \$0.00 | \$0.00 | Immunization | AKJ |
| THOMAS MEMORIAL HOSPITAL | | | | | | |
| Totals | | | \$673.00 | \$0.00 | | |

Explanation Code Description:

175 - The doctor/facility agreed to accept a discounted rate for this service. The member is not responsible for any amount over the discounted rate.